



Atty. Dkt. No. 072121-0371

AFS
EXW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David Y. CHIEN et al.
Title: DEVICE AND METHOD FOR IN-LINE BLOOD TESTING
USING BIOCHIPS
Application No.: 10/733,767
Filing Date: 12/12/2003
Examiner: Ann Y. Lam
Art Unit: 1641
Confirmation No.: 9347

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated December 10, 2008, finally rejecting Claims 1-39.

☐ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

06/10/2009 SZEWDIE1 00000010 10733767

01 FC:1401
02 FC:1253

540.00 0P
1110.00 0P

The required fees are calculated below:

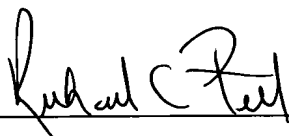
| | | |
|-------------------------------------|---|-------------------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee | \$540.00 |
| <input checked="" type="checkbox"/> | Extension for response filed within the third month: | \$1,110.00 |
| <input type="checkbox"/> | Extension: | \$0.00 |
| | FEE TOTAL: | \$1,650.00 |
| <input type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | \$0.00 |
| | TOTAL FEE: | \$1,650.00 |

A credit card payment form in the amount of \$1,650.00 for a Notice of Appeal and Petition for a three month extension of time is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date June 9, 2009

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